



## Application for a non-material amendment following a grant of planning permission. Town and Country Planning Act 1990

**Privacy Notice** 

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended).

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

## Local Planning Authority details:



## Directorate for Planning, Growth and Sustainability

The Gateway, Gatehouse Road, Aylesbury, Buckinghamshire, HP19 8FF

planningportaLav@buckinghamshire.gov.uk 01296 595658 www.buckinghamshire.gov.uk

## Aylesbury Area

Publication of applications on planning authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

Applicant Name and Address				
Title:	My First name: Kbok			
Last name:	CHUN CHEUNG			
Company (optional):				
Unit:	House number: 64 House suffix:			
House name:				
Address 1:	HIGH STREET			
Address 2:				
Address 3:				
Town:	WAMESAN			
County:	Burks			
Country:	V.K			
Postcode:	HP18 OJD			

2. Agent	Name and Address
Title:	M First name: GAH
Last name:	WAKERS
Company (optional):	SW BUILDING DESIGN CONSULTANTS
Unit:	House number: 20 House suffix:
House name:	
Address 1:	BAKEMAN DNIVE
Address 2:	
Address 3:	
Town:	ATLESBURG
County:	Burks
Country:	1.10
Postcode:	HP21 8AF

Version 2018.1

7. Description Of Your Proposal Please provide the description of the approved development as shown on the decision letter, including application r and date of decision in the sections below:	eference number
ERETIEN of TWO DINGLINGS AND DEMOLITICAL OF EXISTING AND WALL.	: BUILDINA
Reference number: / Date of decision (DD/MM/YYYY):	
17/01967/AM_ 17/A1967/DLS 13/10/2017	
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline')  FULL	
For the purpose of calculating fees, which of the following best describes the original application type?	
Householder development: development to an existing dwelling-house or development within its curtilage	
Other: anything not covered by the above category	
8. Non-Material Amendment(s) Sought	
Please describe the non-material amendment(s) you are seeking to make:	
10 CHANGE CONDITION 9_ ADDING "ABOVE DAMPROOF	Canx"
Are you intending to substitute amended plans or drawings?  If Yes, please complete the following:	20120
Old plan/drawing number(s):	
New plan/drawing number(s):	
Please state why you wish to make this amendment:	
CANNAL OBAIN REQUESTED HERENT BEFORE IST MAY 20 REQUIRE AND KNOWAL TIME TO ENABLE TO OBLAIN I SUBMIT REQUIRED REPORT	7#

3. Site Address Details	4. Pre-application Advice				
Please provide the full postal address of	the application site.  House		or prior advice been sough t this application?	Yes No	
Unit:	suffix:				
House name:			omplete the following infor		
Address 1: HIGH SSALE	application mo Please tick if th	application more efficiently).  Please tick if the full contact details are not			
Address 2:		known, and the	en complete as much as po	ssible:	
Address 3:		Officer name:			
Town: WADDES DW  County: BUCKS  Postcode (optional): HP18 OJD		Reference:			
		Description of location or a grid reference.			application advice received
(must be completed if postcode is not kn Easting: North			application advice received		
Description:	mig.	-111			
Description:		7[[			
*					
5. Eligibility	1. 11. 11.		/		
Do you, or the person on whose behalf y have an interest in the part of the land to	which this amendment r	ation, elates?	Yes No		
If you have answered No to this	question, you canno	ot apply to make	a non-material amer	ndment.	
If you are not the sole owner, has notifica	ition under article 10 of th	ne Town and Country	/	- No. A contract.	
Planning (Development Management Pr	ocedure) (England) Order	2015 been given?	Yes No	Not Applicable	
If you have answered No to this	question, you canno	ot apply to make	a non-material amer	ndment.	
If you have answered Yes to this question	n, please give details of pe	ersons notified:			
Person Notified		Address		Date of Notification	
		-			
			A The Hill The A		
6. Authority Employee / Member	er .				
It is an important principle of decision-m	aking that the process is o				
means related, by birth or otherwise, clos conclude that there was bias on the part				the facts , would	
Do any of the following statements apply	and the control of the state of	Yes Til No		ority, I am:	
			(a) a member of staff	2000 T A 1000 CO.	
		<ul><li>(b) an elected member</li><li>(c) related to a member</li></ul>	of staff		
			(d) related to an elected		
If yes please provide details of their name	ne, role and how you are r	elated to them.	w <del></del>		
				9	

<ol> <li>Application Requirements - Checklist</li> <li>Please read the following checklist to make sure you have sent all the information required will result in your application not being accepted Local Planning Authority (I.PA) has been submitted.</li> </ol>	information in support of your proposal. Failure to submit all d. It will not be accepted until all information required by the			
The original and 3 copies of a completed and dated application form				
The original and 2 copies* of other plans and drawings or information necessary to describe the subject of the application:				
The correct fee:				
*National legislation specifies that the applicant must provide the original of four copies), unless the application is submitted electronically LPAs may also accept supporting documents in electronic format by providing the context of the contex	or, the LPA indicate that a smaller number of copies is required. bost (for example, on a CD, DVD or USB memory stick).			
10. Deciaration  I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, and genuine opinions of the person(s) giving them.  Signed - Applicant:	is form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the  Date (DD/MM/YY):			
11. Applicant Contact Details	12. Agent Contact Details			
Telephone numbers	Telephone numbers			
Country code: National number: Extension number:	Country code: National number: Extension number:			
Country code: Mobile number (optional):				
	Country code: Fax number (optional):			
Free Handston (antique IV)	Email address (optional):			
Email address (optional):	Email address (optional).			
13. Site Visit				
Can the site be seen from a public road, public footpath, bridleway or	other public land?			
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Agent Applicant Other (if different from the agent/applicant's details)			
If Other has been selected, please provide:	agent/applicant's details)			
Contact name:	Telephone number:			
1	T. Control of the con			

Email address: